

Working together for health & wellbeing

# **Equality Impact Assessment / Equality Analysis**

Title of service or policy	Supplementary Planning Document on HMOs (including a sandwich policy and threshold approach)
Name of directorate and service	Directorate: Place Service: Planning and Transport
Name and role of officers completing the EIA	Kaoru Jacques Senior Planning Policy Officer Vincent Lynch Planning Policy Officer
Date of assessment	27 <sup>th</sup> July 2017

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Council's and NHS Bath and North East Somerset's websites.

1.	Identify the aims of the po	licy or service and how it is implemented.
	Key questions	Answers / Notes
1.1	Briefly describe purpose of the service/policy including	Implementation of the following:
	<ul><li>How the service/policy is delivered and by whom</li></ul>	Preparation, consultation and adoption of a Supplementary Planning Document (SPD) setting out the Council's approach to the distribution and dispersal of Houses of Multiple
	<ul> <li>If responsibility for its</li> </ul>	Occupation across the City.
	implementation is shared with other departments or organisations Intended outcomes	The SPD does this by setting out criteria for assessing planning applications required by an Article 4 Direction for the conversion from Family Homes (Use Class C3) to Houses in Multiple Occupation (Use Classes C4 and Sui generis). This policy accompanies Policy H2 of the Placemaking Plan. Also of relevance are Core Strategy Policies CP10 (Housing Mix) and B1 (Bath Spatial Strategy).
		The responsibility for updating the SPD is with the Planning Policy team.  The Development Management team will be responsible for implementing the revised SPD and using it to determine planning applications made.
		The intended outcomes include:
		<ul> <li>Response to local residents' concerns regarding over-concentration of HMOs in some areas of the City, both in terms of existing and potential future problems.</li> </ul>

•	Dispersal of HMOs rather than concentration in certain areas of the City leading to
	more choice in areas to rent privately across Bath

- Should lead to more balanced communities, meaning a wider mix of residents in many areas.
- 1.2 Provide brief details of the scope of the policy or service being reviewed, for example:
  - Is it a new service/policy or review of an existing one?
  - Is it a national requirement?.
  - How much room for review is there?

Houses in Multiple Occupation (HMOs) can be defined as houses with 3 or more people not from the same family living together. High densities of HMOs are often associated with issues such as noise disturbances, litter and parking difficulties.

A change in the law in 1st October 2010, which stated that all change of use from a C3 dwelling (a family home) to a C4 HMO is classed as permitted development and will not require planning permission. The introduction of an Article 4 Direction would mean that express planning permission would be required for a material change of use.

The Houses in Multiple Occupation in Bath SPD adopted in 2013 set out the council approach to the distribution and dispersal of HMOs. It aimed to encourage a sustainable community in Bath by encouraging a balanced housing mix across the city. The SPD identifies decision making criteria for the assessment the following types of planning applications:

- 1)Applications for a change of use from a C3 (dwellinghouse) to C4 HMO
- 2)Applications for change of use to large HMOs of more than 6 people

The proposed policy approach for the revised SPD is set out as follows:

#### Criteria 1 Sandwich assessment

Planning permission would not be grated where the introduction of new HMO would result in an existing residential property (C3) being sandwiched by any adjoining HMOs on both sides

#### **Criteria 2 Threshold assessment**

 Stage 1: Neighbourhood Assessment An area based approach looking at HMO density at the Census Output Area level with a threshold of over 10%. This Stage 1

		<ul> <li>assessment would allow many areas to be screened out and not require a second stage assessment, in the "non-red" areas shown on the map, although the Article 4 Direction would apply, planning permission would almost likely be granted for a change of use from a family house to a small HMO.</li> <li>Stage 2: Local Assessment A 10% threshold within a 100m buffer around an individual application property. Where the property is in a red area the Stage 1 assessment would flag up that planning permission is unlikely to be granted for a change of use from a family house to a small HMO. A more sensitive Stage 2 assessment would then be triggered, in some cases where there was not a local concentration of HMOs (under10 % within 100m buffer) permission may still be granted.</li> </ul>
		Arup were commissioned to assist with a SPD review and Options Analysis. Following a review of the existing HMO policies in Bath, various policy options to address the existing challenges of HMOs were evaluated using case studies of policies implemented in other local authorities, a stakeholder workshop event in Bath and input from other stakeholders. A number of options were identified however the inclusion of a Sandwich policy was selected as a new policy within the SPD. It aims to prevent the potential for negative impacts upon an existing dwelling due to this sandwiching effect. It also aims to ensure there is a balance at street level by preventing a continuous terrace of HMOs from occurring.  It is proposed that that maps showing HMO density would be updated on a quarterly basis to reflect any change in density.
		The SPD implementation will be monitored and the additional licencing work will assist in providing data about HMOs in key wards.
1.3	Do the aims of this policy link to or conflict with any other policies of the Council?	The proposed SPD supplements Policy H2 of the Placemaking Plan and Core Strategy Policies CP10 (Housing Mix). It also fits with the overarching objective for balanced communities as detailed in the adopted Core Strategy and the Housing and Well Being Strategy.
		The benefits of the SPD are highlighted in Section 1.1. Several challenges have been identified including that it:

- May push rental prices up in some areas (particularly Oldfield Park, Westmoreland and Widcombe areas), potentially leading to inequality in terms of where HMO residents can afford to live.
- May mean HMO residents in new areas feel isolated if there is a lack of public transport and they lack personal transport.
- Students living over a wider area may mean that some areas, at least initially, are not well served by public transport. This may lead to an increase in those wanting to use private modes to access University campuses.
- If the SPD leads to a perception that HMOs are not welcome in Bath, then this may lead to a shortage in affordable private rented property. This may make it harder for employers to attracted lower paid employees, particularly those at the start of their careers, including new graduates.

#### 2. Consideration of available data, research and information

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- Demographic data and other statistics, including census findings
- Recent research findings (local and national)
- Results from consultation or engagement you have undertaken
- Service user monitoring data (including ethnicity, gender, disability, religion/belief, sexual orientation and age)
- Information from relevant groups or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or complaints or compliments about them
- Recommendations of external inspections or audit reports

	Key questions	Data, research and information that you can refer to			
2.1	What is the equalities profile of the team delivering the service/policy?	Wide range of service deliverers including public, private and voluntary sectors and the Universities which mirrors the equality profile of Bath and North East Somerset.			
2.2	What equalities training have staff received?	Planning policy team have received corporate equalities training and EQIA training. A number of the service deliverers within the Council will have received corporate equalities training.			
2.3	What is the equalities profile of service users?	Through equalities mapping and population profile analysis (Health Profile for BANES 2016) we now know more about the wider groups of user who will benefit from any improvements.			
		rata is available from the Higher Education Statistics Agency, on the gender, age and ocio-economic profile of students at the Higher Education Institutions in Bath <a href="http://www.hesa.ac.uk/index.php?option=com_content&amp;task=view&amp;id=2060&amp;Itemid=141">http://www.hesa.ac.uk/index.php?option=com_content&amp;task=view&amp;id=2060&amp;Itemid=141</a>			
		The BANES Residential Review 2007 and Census 2011 provide data across the BANES wards on items such as population age profile, tenure profile, affordable nousing profile and location of accredited properties.			
2.4	What other data do you have in terms of service users or staff? (e.g results of customer satisfaction	Surveys of tenants has provided some data  Gaps			
	surveys, consultation findings). Are there any gaps?	The total number of HMOs in the City based on existing data is considered to be an underestimate of the real level of provision.			
		<ul> <li>Data on the profile of landlords/HMO developers is lacking.</li> <li>Data on the profile of HMO residents other than students is lacking.</li> </ul>			
2.5	What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	As part of the revised SPD process a stakeholder consultation workshop was held on November 2016 in the Guildhall, Bath to scope stakeholders views on the issues. The aims of the workshop were:			
		<ul> <li>to bring stakeholders together to share and understand different perspectives related to HMOs in Bath;</li> </ul>			

to share the data related to both need for HMOs and impacts of HMOs;     to test potential interventions that might help to create balance and sustainable communities;     Highlight problems with the current SPD;     Potential inclusion of new policies; and     Investigate whether current thresholds are successfully working.  A wide range of stakeholders were represented at the workshops, including:  Ward Councillors from across Bath     Planning Officers, B&NES Council     Housing, Transport, Research, Community and Economic Development Officers B&NES Council     University of Bath     Bath Spa University     Royal United Hospital     Bath Spa University Students" Union     University of Bath Students" Union     HMO Landlords     HMO Developers     Estate Agents     Local Residents     Avon and Somerset Police  2.6 If you are planning to undertake  A full consultation process is planned with respect to the SPD, over 6 weeks. The			
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any consultation in the future regarding this service or policy, how will you include equalities considerations within this?

consultation would include all groups of user who would be affected by the proposals.

Specific efforts will be made to engage with equalities groups and they will be invited to the events, one to one meetings will also be held as necessary.

### 3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or helps promote equality in some way.
- Could have a negative or adverse impact for any of the equalities groups

L	© Could have a negative or adverse impact for any of the equalities groups				
			Examples of actual or potential negative or		
		Examples of what the service has	adverse impact and what steps have been		
		done to promote equality	or could be taken to address this		
3.1	Gender – identify the impact/potential impact of the policy on women and men. (Are there any issues regarding pregnancy and maternity?)	The SPD will potentially lead to a more dispersed pattern of HMOs in the City with students in particular living in a wider range of neighbourhoods than currently experienced. The intention of the SPD is to encourage and maintain balanced and mixed communities that support the needs of all groups in society. It should also provide greater choice in terms of areas to live.	Potential negative impacts of a more dispersed set of students or young professionals over a larger area could lead to feelings of isolation for young people who are forced to live further out and may feel unsafe travelling at night. However, there are still areas with good public transport links available to facilitate further HMOs which give opportunities for these people to live in the areas with good accessibility.		
		Promoting a more balanced community, helping to make all feel welcome.  NB this positive impact will apply to all the groups considered below.	Action On going monitoring of impact of SPD, as set out within the document. On going monitoring of planning permissions granted along the public transport corridors.		

3.2	<b>Transgender</b> – – identify the impact/potential impact of the policy on transgender people	The proposals are very unlikely to create an impact on individuals because of their sexual orientation. However, should someone consider that this is in fact the case we will consider the points made.		
3.3	Disability - identify the impact/potential impact of the policy on disabled people (ensure consideration of a range of impairments including both physical and mental impairments)	As in 3.1 above; and	The completion of licence application forms and planning applications can be difficult for those with certain impairments. There can also be communication difficulties if legal action is taken for noncompliance with the HMO licence provisions.  **Action** Guidance to be offered to applicants to complete the planning application process.**	
3.4	Age – identify the impact/potential impact of the policy on different age groups	As in 3.1 above and  Current issues associated with HMOs include isolation/ feelings of vulnerability among the elderly, the proposal should lead to more balanced communities as there is a greater choice in areas to live.  The SPD helps to manage new HMOs in the high concentred areas which allows more families to stay in the areas leading to maintain more balanced communities.  More choice of high quality HMOs across the city will make it easier to attract young professionals/lower paid employees to Bath.	May push up rental prices in some areas (particularly Oldfield Park, Westmoreland and Widcombe area) often affecting those on lower incomes, and students, who tender to be younger people.  **Action** Future provision of purpose built accommodation on campus and on transport corridors in site allocations through the new Local Plan.  May lead to students and young people living in peripheral areas of the City possibly leading to feelings of isolation for young people that are forced to live further out.  **Action** On going monitoring of impact of SPD, as set out within the document.	

			On going monitoring of planning permissions granted along the public transport corridors.		
3.5	Race – identify the impact/potential impact on different black and minority ethnic groups	As in 3.1 above  Wards with highest proportion of BME populations Bathwick with 15% and Abbey with 12%, Kingsmead with 12% and Widcombe with 11%. These wards also have high proportions of HMOs, so these groups may be adversely affected by the potential inflated rental prices that arise out of the proposals.  Action  On going monitoring of impact of SPD, as see			
		On going monitoring of impact of SPD, as set out within the document. On going monitoring of planning permissions granted along the public transport corridors.			
3.6	Sexual orientation - identify the impact/potential impact of the policy on lesbians, gay, bisexual & heterosexual people	The proposals are very unlikely to create an impact on individuals because of their sexual orientation. However, should someone consider that this is in fact the case we will consider the points made.			
3.7	Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	As in 3.1 above and None identified			
3.8	Socio-economically disadvantaged – identify the impact on people who are disadvantaged due to factors like family background, educational	As in 3.1 above	May push up rental prices in some areas (particularly Oldfield Park, Westmoreland and Widcombe area) that will affect those with lower salaries.		

	attainment, neighbourhood, employment status can influence life chances	out within the document. On going monitoring of planning per granted along the public transport of	
3.9	Rural communities – identify the impact / potential impact on people living in rural communities	Potentially increasing the choice in areas to live within the city, e.g. young people living at home in rural areas, may be able to move out, as HMOs are dispersed across the city.	Potential for feeling that HMOs are unwelcome within the City and for greater numbers of HMOs to appear outside the city in more rural areas.  Action On going monitoring of impact of SPD, as set out within the document.

# 4. Bath and North East Somerset Council & NHS B&NES Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Ensure the consultation on the SPD is accompanied by appropriate guidance and that additional support is available for equalities groups.	Ensure equalities is included in the plan for the formal consultation on the SPD	Preparation of appropriate guidance in time for the consultation.	Planning Policy Team	In time for consultation
HMO occupants forced to live in other areas, due to rising prices in central locations.	Ensure good levels of amenity and public transport in the alternative areas where people may end up living	Review in conjunction with local transport policy and proposals.  Review accessibility of wards	Planning Policy Team	Ongoing

Potential feelings of isolation for students and other HMO residents who live in less accessible areas	Information provision, e.g. on transport access, local amenities, safety measures, and support helplines	within Bath where HMO housing are likely to grow as a proportion of housing stock. Planning policy team to monitor Included within student information and housing packs	Student Community Liaison Officer	To coincide with students arriving at University and during housing week
Potential for feeling that HMOs are unwelcome within the city and for greater numbers of HMOs to appear outside the city in more rural areas.	Monitoring of impacts of SPD and Article 4 Direction	Monitoring the mandatory licensing	Housing and Planning Policy Team	Post- implementation

## 5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

Signed off by:

Date:

(Divisional Director or nominated senior officer)